Health, Welfare Public Service

300 -57 C

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-009821

STATE FILE NUMBER

FILED MAR 17 1959 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Prairie — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) JACKSON COUNTY HOSP. — Length of stay in 1b 1 wk

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN LEE'S SUMMIT 7000 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.R. #2 — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First EFFIE Middle — Last Chiha

4. DATE OF DEATH Month Day Year MAR-11-1959

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH MARCH 28, 1897

9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY ------

11. BIRTHPLACE (City and state or country) SAC CITY, IOWA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME HENRY ISAACS

13b. MOTHER'S MAIDEN NAME ALICE BEDELL

14. NAME OF HUSBAND ~~OR WIFE~~ Elmer Chiha

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) -------

16. SOCIAL SECURITY NO. NONE

17. INFORMANT ELMER CHIHA R.R. #2 LEE'S SUMMIT, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple Sclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 345 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 11:13 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner

22b. ADDRESS 1034 Pratt Blvd

22c. DATE SIGNED 3-13-59

23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION

23b. DATE MARCH 14, 1959

23c. NAME OF CEMETERY OR CREMATORY D. W. NEWCOMER'S SONS

23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR ADDRESS 1331 BRUSH CREEK D.W. NEWCOMERS SONS-KANSAS CITY, MO

25. DATE RECD. BY LOCAL REG. 3-14-1959

26. REGISTRAR'S SIGNATURE N. B. Langaford

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Norman W. Larson

Licensed Embalmer No. 4889

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.